

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

06745238

FILING DATE

8/31/01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52		1				
3		1					53		3				
4		1					54		3				
5		1					55		1				
6		1					56		1				
7		1					57	1					
8		1					58		1				
9		1					59	1					
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66	1	1				
17		1					67	1	1				
18		3					68						
19		3					69						
20		1					70						
21		1					71						
22	1						72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		4					86						
37		4					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	5						TOTAL IND.	21					
TOTAL DEP.	55						TOTAL DEP.	17					
TOTAL CLAIMS	60						TOTAL CLAIMS	38					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS